

Name
in
Full

CERTIFICATE OF DEATH

Thos. Bracher
Died at *near Henderson* *Caroline*

Date of death 1909 *7* Month *12* Day *49* Age *49* Years Months Days

Sex *Male* Color or Race *Black* Birth place *Caroline*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Cora Bracher*

Father's Name *John Bracher* Father's Birthplace *Unknown*

Mother's Maiden Name *Debby* Mother's Birthplace *Unknown*

Name of person giving Information *Andrew Wilkerson* How related to deceased *Son-in-law*

CAUSES OF DEATH

27

Primary *Tuberculosis (Pulmonary)* How long *8 Mos.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

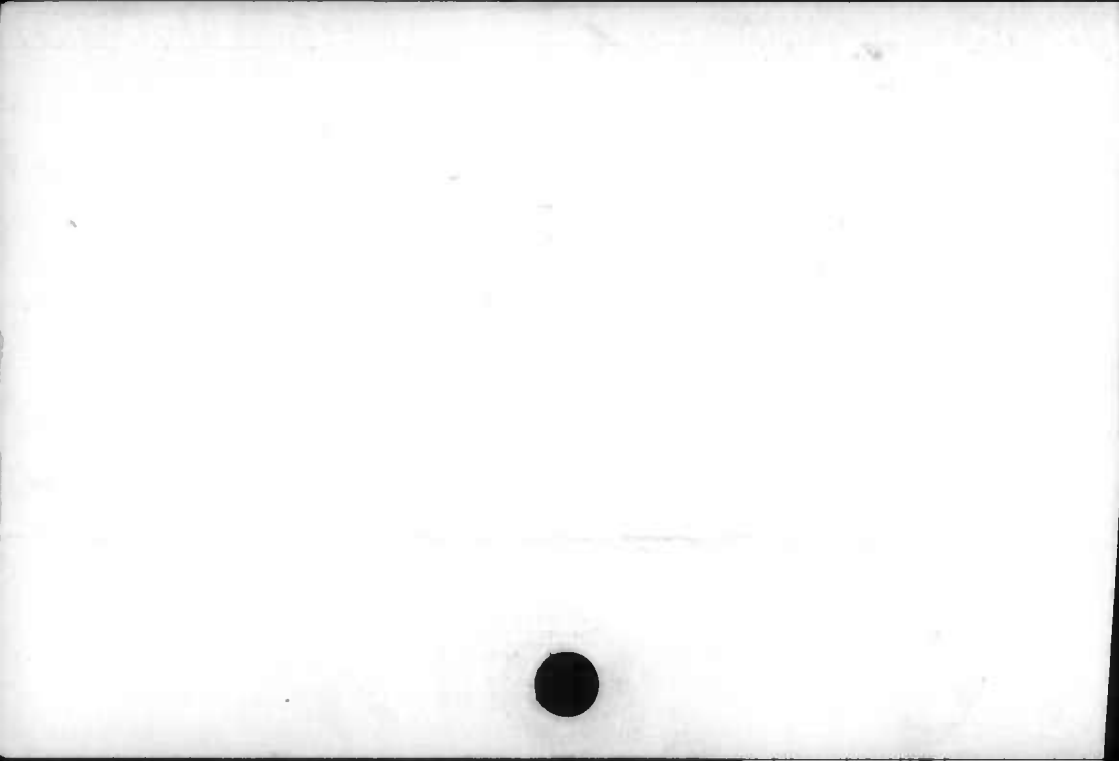
Address

Heaven Goldsboro
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Samuel Cannon

CERTIFICATE OF DEATH

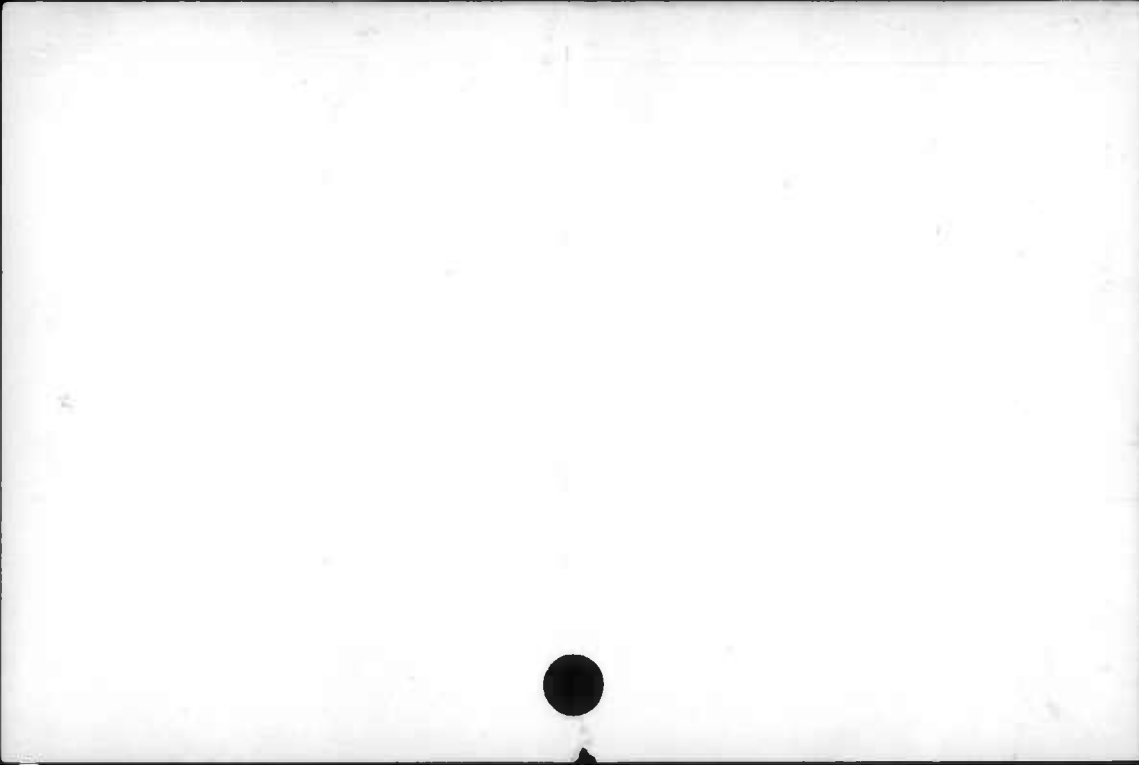
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Federalburg</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death 190 <u>9</u> <u>July</u> <u>13</u> <u>Day</u>		Age <u>8</u> <u>Years</u>		<u>Months</u> <u>Days</u>	
Sex <u>Male</u>	Color or Race <u>Black.</u>	Birth-place <u>Federalburg</u>			
Occupation <u>Child</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Irvin Cannon</u>		Father's Birthplace <u>Caroline Co</u>			
Mother's Maiden Name <u>Annie Turner.</u>		Mother's Birthplace <u>Caroline Co</u>			
Name of person giving Information <u>Annie Cannon</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

Primary	<u>Acute Bright's Dis</u>	How long <u>8 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>F. J. Brooks</u>
		Address <u>Federalburg Md.</u>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

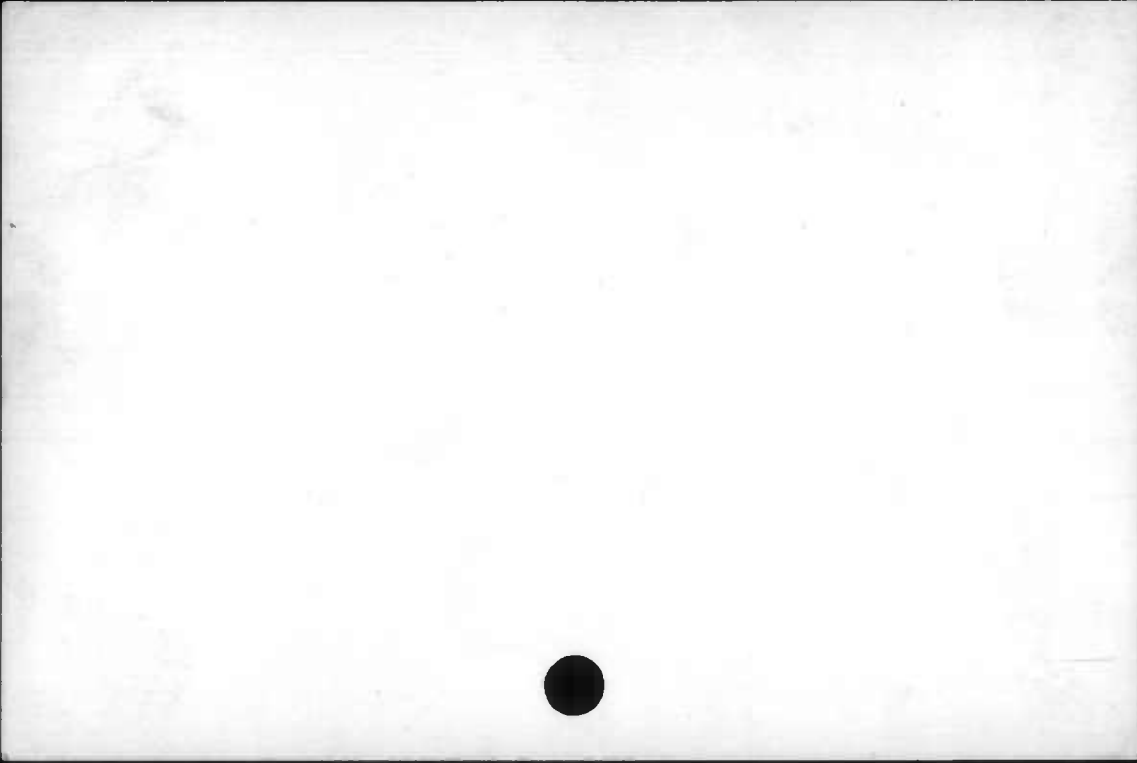
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	190 <i>9</i>	Month	<i>7</i>	Day	<i>4</i>
Age	<i>—</i>		Years	Months	<i>1 1/2</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>Ind</i>	
			Where Residing if not at place of death	<i>same</i>	
Married, Single or Widowed <i>M</i>			Name of Wife or Husband <i>none</i>		
Father's Name <i>John W. Carroll</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Stella R. Murphy</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>John W. Carroll</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>151</i> X
Immediate	<i>same</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>P. R. Fritter</i>
		Address	<i>Denton</i>
Accident or Suicide	<i>M</i>		<i>Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Levin Wesley Cephas.</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Federalburg</i>		Month <i>July</i>		Day <i>13</i>		Age <i>70</i>	
Date of death 190 <i>9</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>Black,</i>		Birth-place <i>Federalburg</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lizzie Cephas.</i>					
Father's Name <i>Harrison Cephas.</i>		Father's Birthplace <i>Caroline Co</i>					
Mother's Maiden Name <i>Sallie Collins</i>		Mother's Birthplace <i>Caroline Co</i>					
Name of person giving Information <i>Sarah Thomas</i>		How related to deceased <i>Daughter,</i>					

CAUSES OF DEATH

Primary

Dysentery

How long

4 days.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

F. J. Brooks.

Address

Federalburg Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Cephas* Town *Federalburg* County *Caroline* MARYLAND

Died at *Federalburg* Month *July* Day *17* Years *38* Months Days

Date of death *1909* Age *38*

Sex *Female* Color or Race *Black* Birth-place *Federalburg*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Levin Cephas* Father's Birthplace *Caroline Co.*

Mother's Maiden Name *Eliza Buttey* Mother's Birthplace *Caroline Co.*

Name of person giving Information *Parah Thomas* How related to deceased *Sister*

CAUSES OF DEATH

137

How long

X

PHYSICIAN
OR CORONER

Primary *Confinement* How long *4 days*

Immediate *Septicæmia*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. J. Brooks*

Address *Federalburg Md.*

Accident or Suicida



Name
in
Full

CERTIFICATE OF DEATH

Roy Wesley Cherryman

Died at ^{Town} near Bethlehem ^{County} Maryland
 Date of death 1909 ^{Month} July ^{Day} 6 ^{Age} ^{Years} ^{Months} ^{Days} 11
 Sex Male Color or Race White Birth-place Caroline Co Md
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name William W. Cherryman Father's Birthplace Bethesda Md
 Mother's Maiden Name Minnie Fisher Mother's Birthplace Balto. Md.
 Name of person giving Information William W. Cherryman How related to deceased _____

CAUSES OF DEATH

Primary Subacute Cataract How long 3 weeks

Immediate Cystitis How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

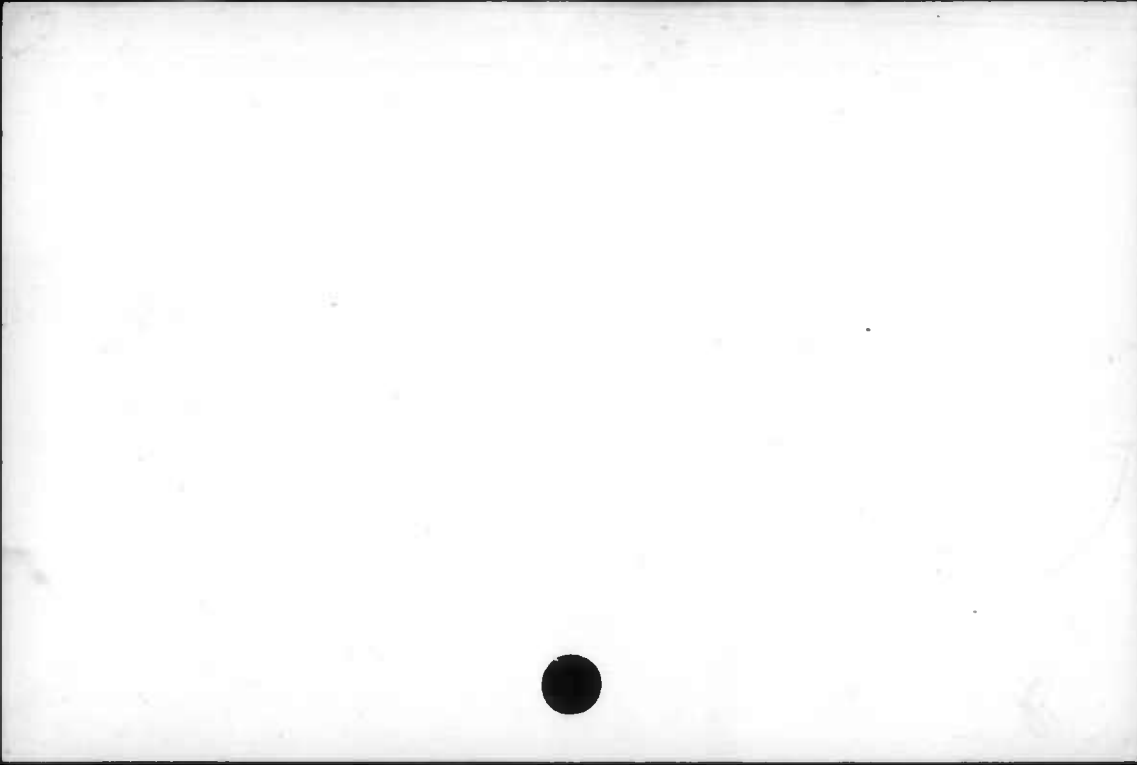
Address

J. L. Hobbs
Preston
Md.

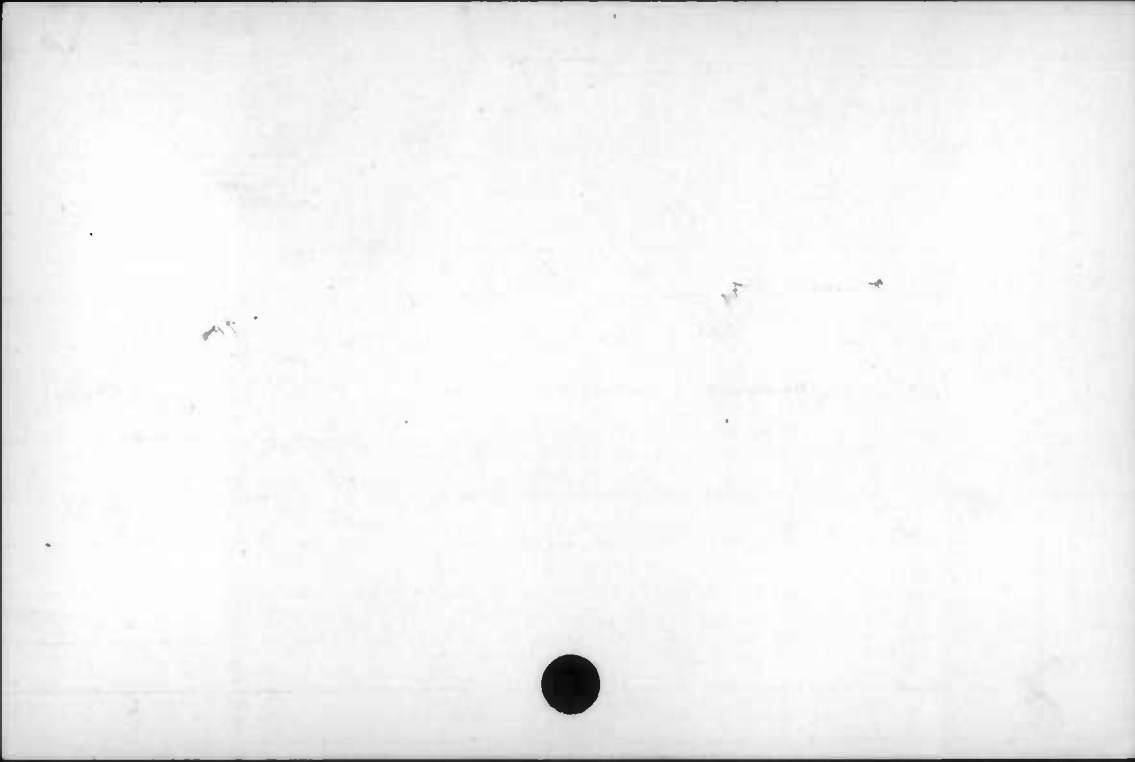
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Susan Blaupett				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Germersheim		County		MARYLAND		
	Date of death		1907	Month	7	Day	15	Age	61
	Sex		Female		Color or Race		White		
	Occupation		House wife		Birth-place		Dre		
	Where Residing if not at place of death		ret. Germersheim						
	Married, Single or Widowed		married		Name of Wife or Husband				Isaac F. Blaupett
	Father's Name		James Barcus				Father's Birthplace		Dre
	Mother's Maiden Name		dont know				Mother's Birthplace		unknown
Name of person giving information		Isaac F. Blaupett				How related to deceased		Husband	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Typhoid Fever.				How long		3 weeks
	Immediate		Coma				How long		1 day
	Are the name, age, sex, color, date and place correctly given above?		yes -		Signature of Physician		Dr. M. A. M. M.		
	Address		Germersheim		M.D.				
Accident or Suicide?									



Name
in
Full

Matilla P. Devesse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Denton ^{County} Caroline MARYLAND

Date of death 190 9 7 Day 24 Age 42 Months — Days —

Sex Female Color or Race White Birth-place Delaware

Occupation Housekeeper Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Wm. H. Devesse

Father's Name Friedrich Owens Father's Birthplace Delaware

Mother's Maiden Name Margrette Pavell. Mother's Birthplace Delaware

Name of person giving Information Pulishi Pavell How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary cancer of uterus. How long 42 X 2 yrs

Immediate Same & Exhaustion How long 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Erick Leary MD

Address Denton, Delaware

Accident or Suicide



Name
in Full

Delbert Downes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1909		July		4		Age	
Sex		Color or Race		Birth-place		Days	
male		Black		Ridgely, Md.		15	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
German E. Downes				Md.			
Mother's Maiden Name				Mother's Birthplace			
Laura Matthews				Md.			
Name of person giving Information				How related to deceased			
German E. Downes				Father			

CAUSES OF DEATH

105

How long

3 wks

How long

6 hrs

PHYSICIAN
OR CORONER

Primary *Acute Colitis*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm Carmine Md.

Address

Ridgely

Caroline Co.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Georgiana Fisher

Died at ^{Town} Denton ^{County} Caroline MARYLANDDate of death 1909 ^{Month} 7 ^{Day} 8 Age ^{Years} 79- ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Md

Occupation none Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name George Fisher Father's Birthplace Del

Mother's Maiden Name Mary A. Jones Mother's Birthplace Md

Name of person giving Information Annie M. Emmerson How related to deceased Sister

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

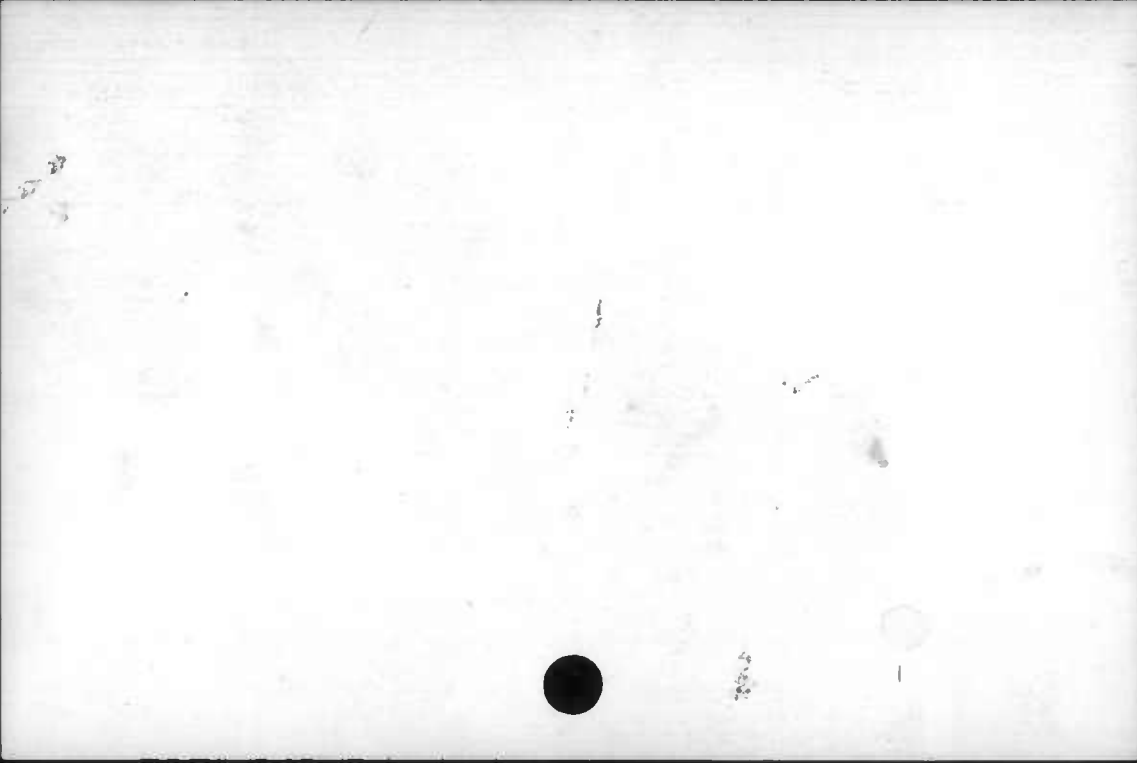
Primary Senility How long One year

Immediate Diarrhoea How long One week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. R. Fisher

Address Denton

Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Elizabeth Fleetwood				CERTIFICATE OF DEATH	
Died at		Houston Branch		Caroline		MARYLAND	
Date of death		190	9	July	9	Age	68
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Caroline Co	
Merriad, Single or Widowed		Widowed		Name of Wife or Husband		Isaac Fleetwood	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving Information		Isaac Fleetwood		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	14	X	10 days
Immediate	Heart Disease	How long			10 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician	
				F. J. Brooks,	
				Address	
				Federalburg	
				Md.	
Accident or Suicide					



Name
in
Full

Elisabeth May Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gold s bow</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	1909	Month	July	Day	21
Age		Years		Months	11
Sex	Female		Color or Race	White	
Occupation			Birth-place	Gold s bow, Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	John W. Harris		Father's Birthplace	Maryland	
Mother's Maiden Name	Anna Priestest		Mother's Birthplace	Maryland	
Name of person giving Information	John W. Harris		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Mes-colitis</u>	How long	<u>3 weeks</u>
Immediate	<u>"</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. W. Gold s bow</u>
		Address	<u>Green s bow, Md.</u>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

John Hoff.

Town

County

Died at

Honey Spring

Caroline

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

July

fourteenth

Age 72

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Laborer

Where Residing if not
at place of death

Hinsdale

Married, Single
or WidowedName of Wife or
Husband

Not known

Father's
Name

Not known

Father's
Birthplace

Germany

Mother's
Maiden Name

Not known

Mother's
Birthplace

Not known

Name of person giving
Information

Alfred Clark

How related
to deceased

None

CAUSES OF DEATH

Primary

Fatty Heart

How long

Not known

Immediate

Dropsical

How long

Not known

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. Faulkner

Address

Denton

Accident or Suicide?

R.D.

M.D.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Victoria Hubbard

CERTIFICATE OF DEATH

Died at ^{Town} *Briston*^{County} *Carroll*

MARYLAND

Date of death 1909 ^{Month} *July*^{Day} *29*Age ^{Years} *2*^{Months} *6*^{Days} *29*Sex *Female*Color or Race *Colored*Birth-place *Ind*Occupation *None*Where Residing if not at place of death *Same*Married, Single or Widowed *Single*Name of Wife or Husband *Not any*Father's Name *Joe Hubbard*Father's Birthplace *Ind*Mother's Maiden Name *Mayda Luke*Mother's Birthplace *Ind*Name of person giving information *Joe Hubbard*How related to deceased *Father*

CAUSES OF DEATH

104

Primary *Morosemia. Indigestion* How long *1 year*Immediate *Probably Cholera Infantum*

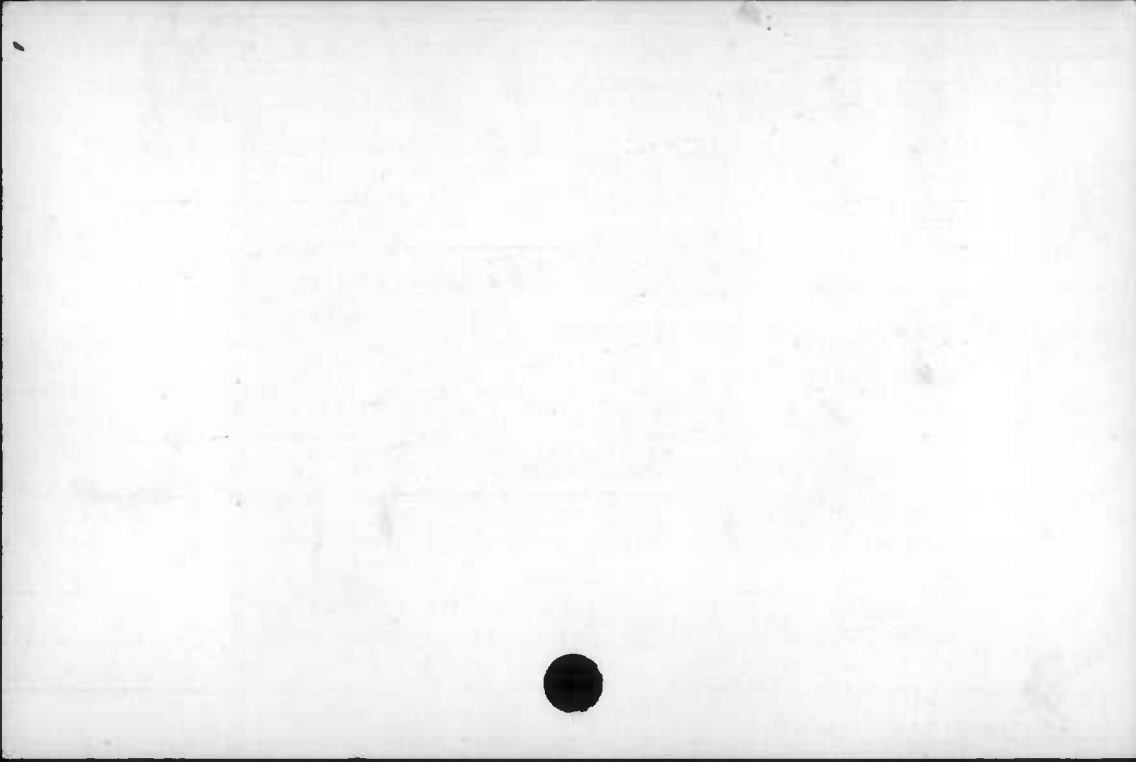
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Raymond Dawson*

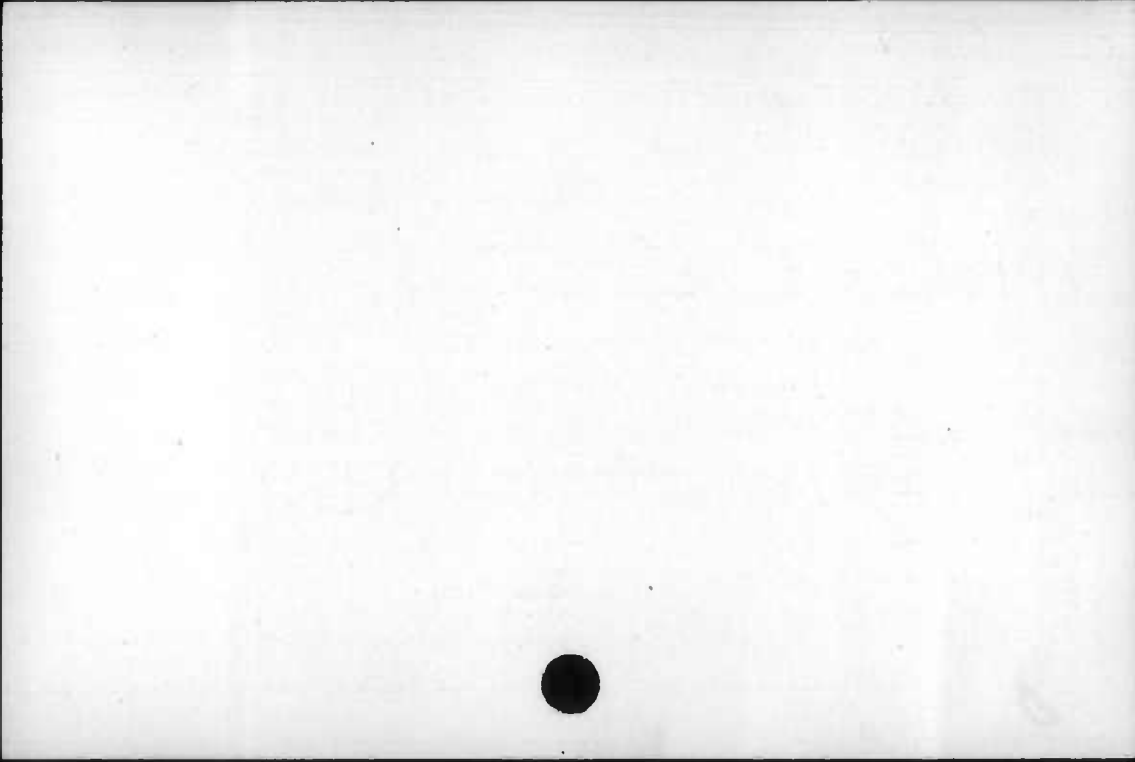
Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Agness Minnier				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Greensboro</i>		County <i>Caroline</i>		MARYLAND		
	Date of death <i>1909</i>	Month <i>7</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>near Greensboro</i>			
	Married , Single <i>—</i> or Widowed		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Walter Minnier</i>				Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Bess Darling</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mrs Bess Minnier</i>				How related to deceased <i>Mother</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(105) X</div>							
PHYSICIAN OR CORONER	Primary <i>Indigestion</i>			How long <i>6 weeks</i>			
	Immediate <i>Critics</i>			How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>J. R. Malone</i>			
	Address <i>Greensboro</i>			Address <i>Ind</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hermita Nichols

Town _____ County _____

Died at *San Lorenzo* *Caroline* **MARYLAND**

Date of death 1909 *7* Month *23* Day Age *72* Years Months _____ Days _____

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *John E. Nichols*

Father's Name *Robert Smith* Father's Birthplace *Ind*

Mother's Maiden Name *Rachel Wilson* Mother's Birthplace *Ind*

Name of person giving Information *Thomas Nichols* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

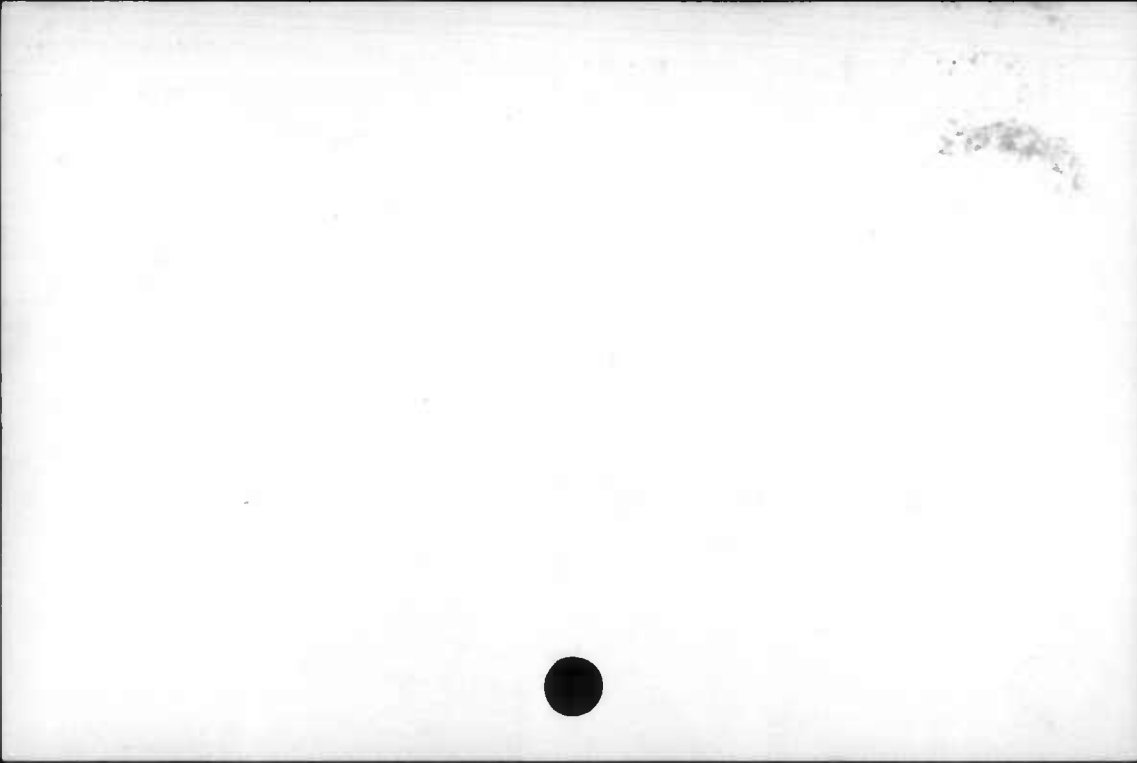
Primary *Stroke Gangrene* How long *3 weeks*

Immediate *Same* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P. R. Finken*

Address *Denton Ind*

Accident or Suicide _____



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gen. E Edward Noble
Town County

State MARYLAND

Died at Fishersburg March 22 1909 Age 55 8 Months 7 Days -

Date of death 1909 7 22

Sex Male Color or Race White Birthplace Fishersburg, Md.

Occupation Engineer Where Residing if not at place of death -

Maided, Single or Widowed Widowed Name of Wife or Husband -

Father's Name William Noble Father's Birthplace Fishersburg

Mother's Maiden Name Leticia Edgington Mother's Birthplace Dorchester Co.

Name of person giving Information "Franklin" How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

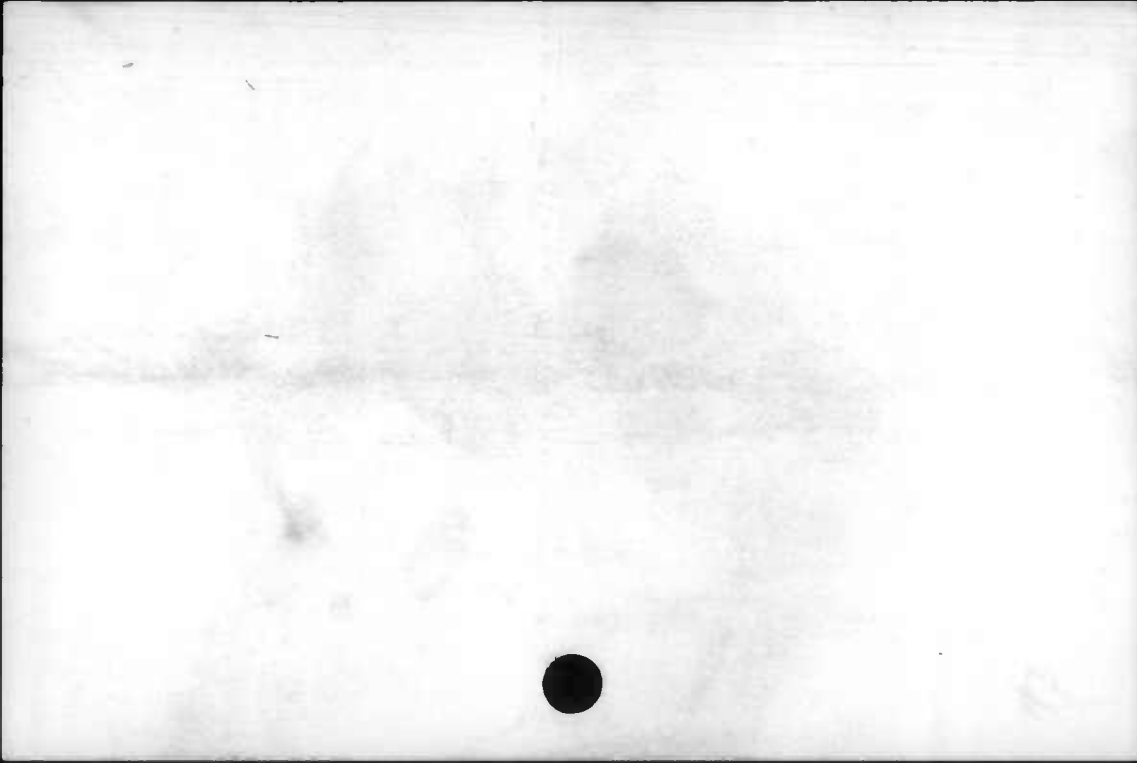
Primary Cerebral Hemorrhage How long 4 hours

Immediate Coma How long 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. F. Galtway

Address Fishersburg, Md.

Accident or Suicide -



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Geo. Roach Jr.* Town *Federalsburg* County *Caroline* MARYLAND

Died at *Federalsburg* Date of death 190 *9* Month *July* Day *21* Age *7* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Federalsburg*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Infant* Name of Wife or Husband

Father's Name *Geo. Roach* Father's Birthplace *Sussex Co. Del.*

Mother's Maiden Name *Leynie Brunner* Mother's Birthplace *Federalsburg*

Name of person giving Information *Geo. Roach* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

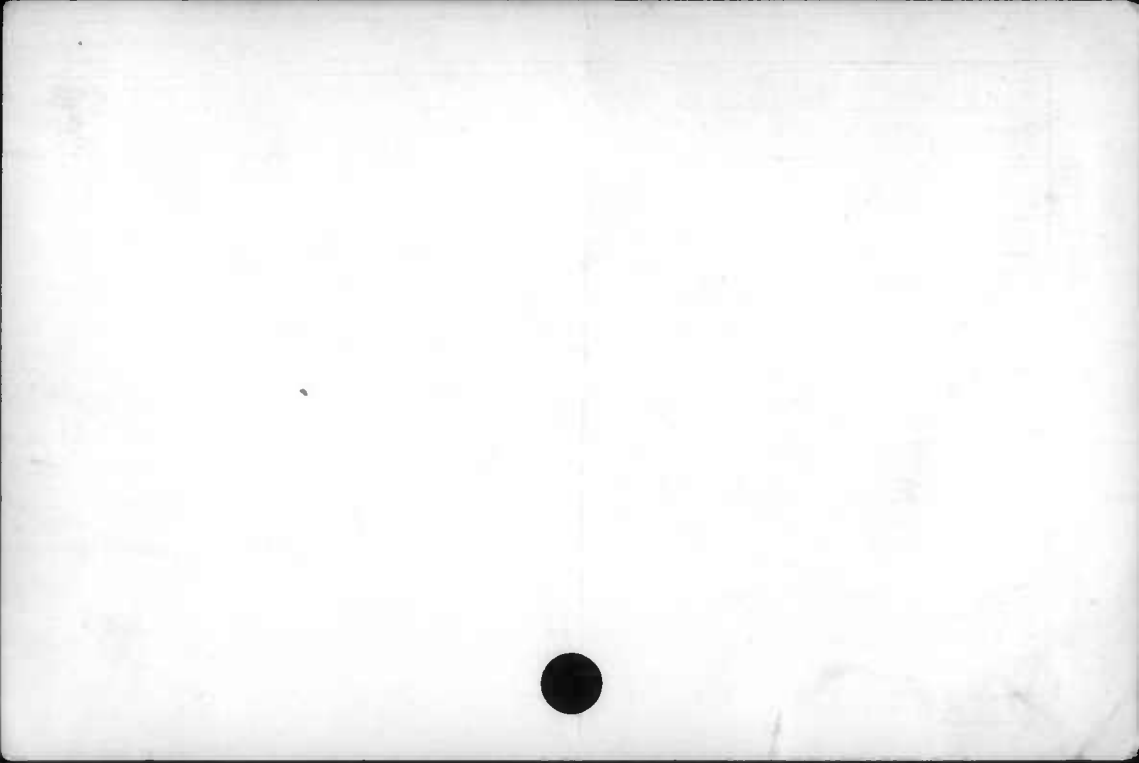
Primary *Gastro Intestinal Indigestion* How long *6 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. T. Brooks* Address *Federalsburg*

Accident or Suicide



Name
in
Full

Lynia J. Shoemaker

CERTIFICATE OF DEATH

Town

Greenstown

County

Annenie

MARYLAND

Died at

Date

of death 1909

Month

July

Day

23

Age

Years

70

Months

11

Days

—

Sex

Female

Color or
Race

White

Birth-
place

md -

Occupation

Housewife

Where Residing if not
at place of death

Greenstown -

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

- widow Edward J. Shoemaker

Father's
Name

Jno: Allen -

Father's
Birthplace

Del -

Mother's
Maiden Name

Nellie Moore -

Mother's
Birthplace

Del -

Name of person giving
In formation

D. R. Malone

How related
to deceased

Son -

CAUSES OF DEATH

66

X

Primary

Hemiplegia -

How long

2 years -

Immediate

Coma -

How long

6 Days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

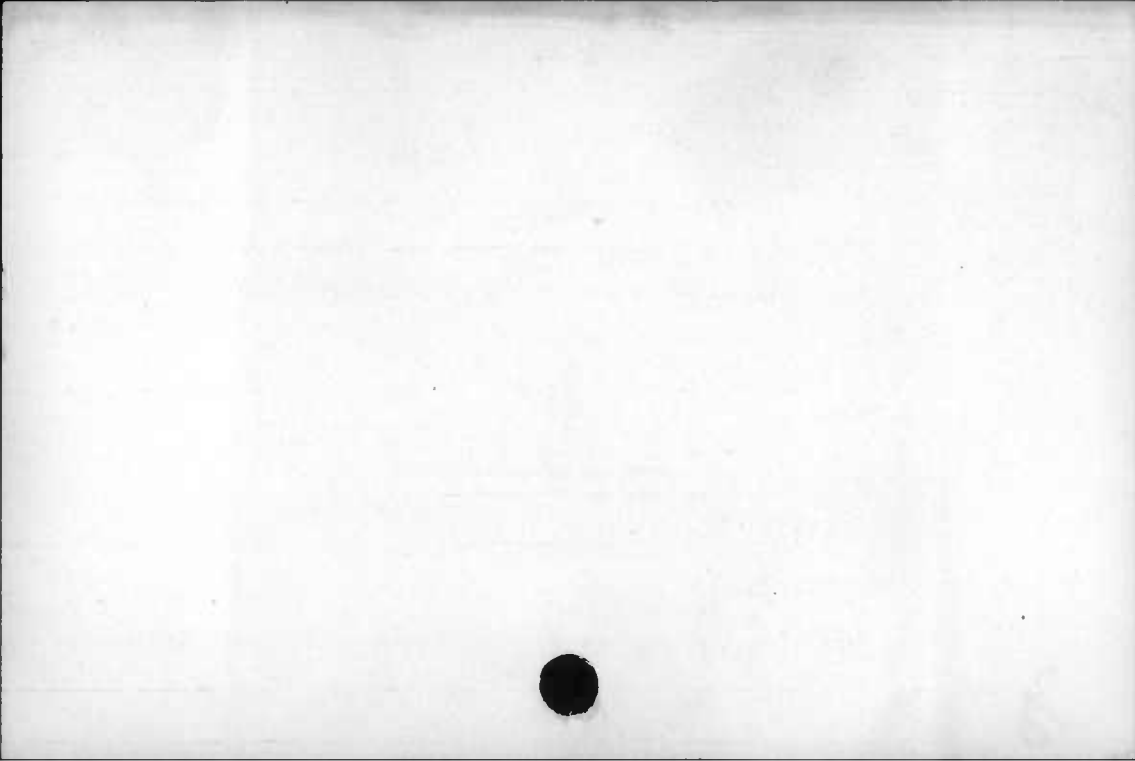
D. R. Malone

Address

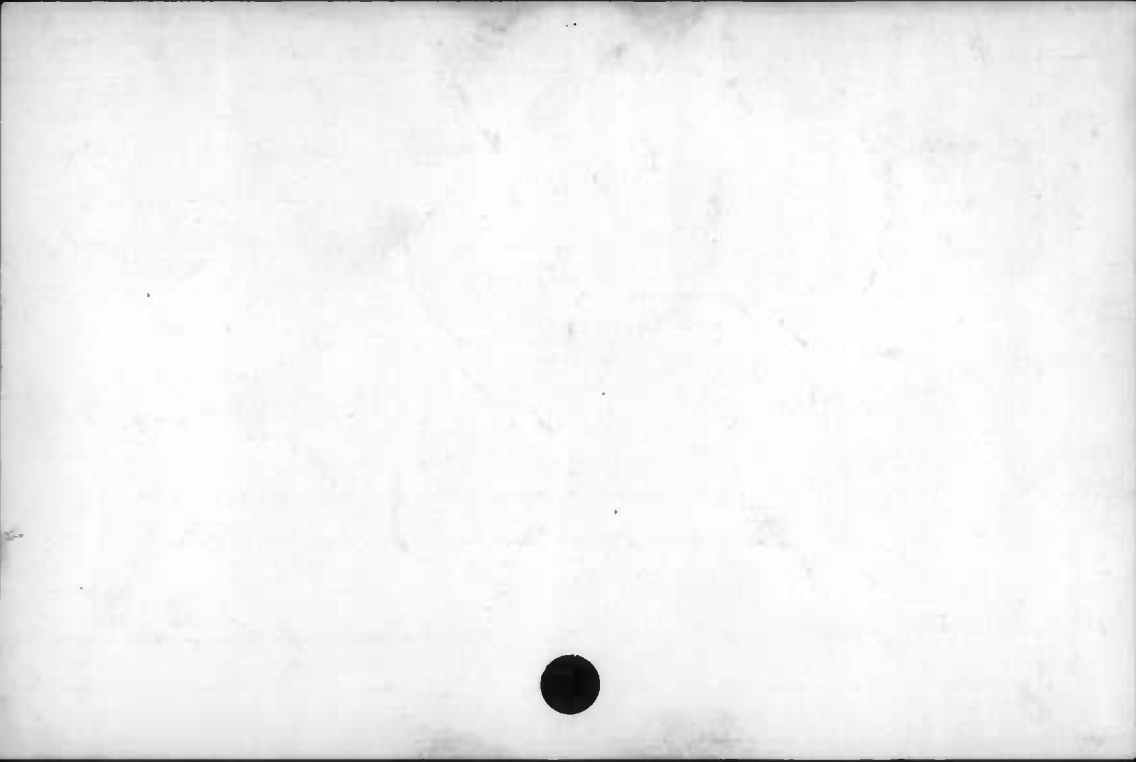
Greenstown, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Ruth Rodney Simmons		Town Preston		County Caroline		CERTIFICATE OF DEATH	
Died at		MARYLAND					
Date of death	1904	Month	July	Day	15	Age	Years
						Months	5
						Days	26
Sex	Female		Color or Race	White		Birth-place	Wd
Occupation	None			Where Residing if not at place of death		Preston	
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Borden Simmons				Father's Birthplace	Wd	
Mother's Maiden Name	Daisy Rodney				Mother's Birthplace	Wd	
Name of person giving information	Borden Simmons				How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div> <div>Primary</div> <div> Inflammation of the bowels </div> <div>How long</div> <div>105</div> <div>all of life</div> </div> <div> <div>Immediate</div> <div>Cholera Infantum</div> <div>How long</div> <div>2 weeks</div> </div>							



Name
in
Full

Thos Henry Todd

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Preston

Date

of death

1909 July

Month

Day

13

Age

Years

71

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Merchant

Where Residing if not
at place of death

Preston

Married, Single
or Widowed

Married

Name of Wife or
Husband

Annie Todd

Father's
Name

Nathan Todd

Father's
Birthplace

Md

Mother's
Maiden Name

Daykin

Mother's
Birthplace

Md

Name of person giving
Information

Chas Todd

How related
to deceased

Son

CAUSES OF DEATH

40

X

Primary

Coronary of Heart

How long

Primary 18 Mos

Immediate

Heart Failure

How long

12 Hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

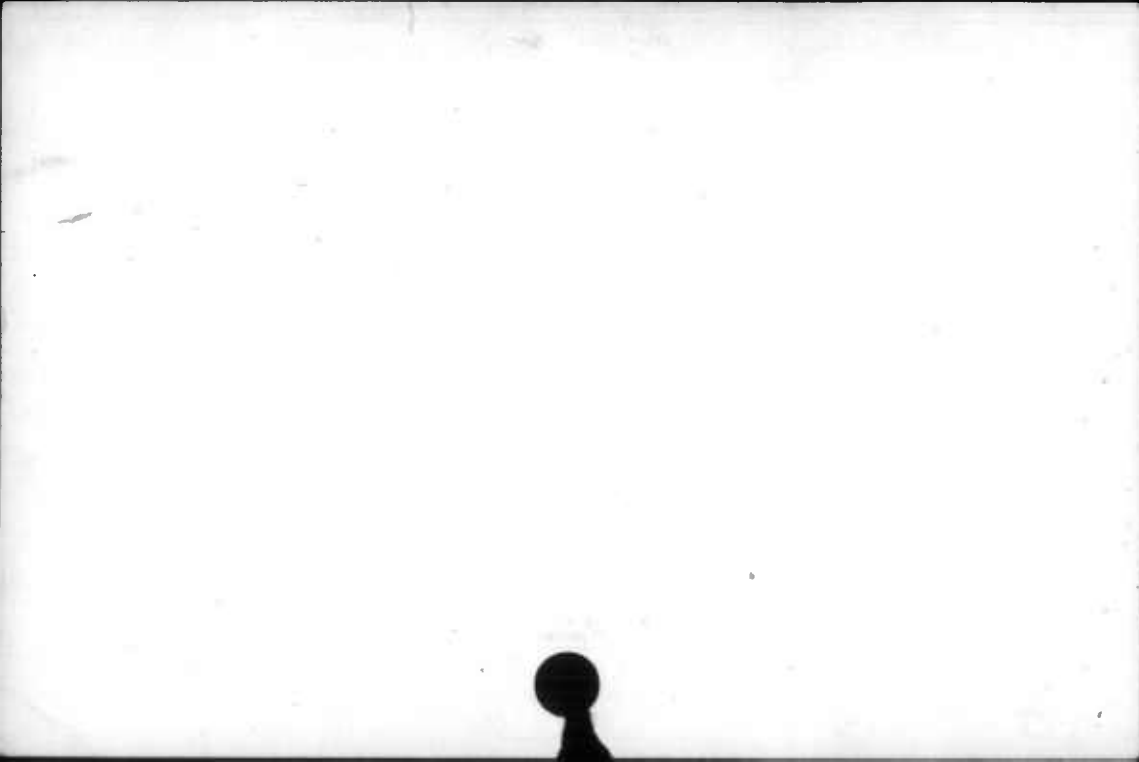
J Raymond Downes

Address

Preston

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>American Corner</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	10	Age	75
Sex	female	Color or Race	white	Birth-place	md	Months	
Occupation	housewife	Where Residing if not at place of death					
Married, Single or Widowed	widow	Name of Wife or Husband <i>Jacob Powers</i>					
Father's Name	unknown	Father's Birthplace <i>unknown</i>					
Mother's Maiden Name	unknown	Mother's Birthplace <i>unknown</i>					
Name of person giving Information	<i>Martin Powers</i>			How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>64</i> X <i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R Kemp Jefferson</i>	
yes		Address <i>Federalburg md</i>	
Accident or Suicide			



Name
in
Full

Sarah Lucitt

CERTIFICATE OF DEATH

Died at ^{Town} Hickman ^{County} Caroline

MARYLAND

Date of death 1909 July 15 - Age 80 Months - Days -

Sex Female Color or Race White Birth-place Delaware

Occupation None Where Residing if not at place of death Near Hickman

Name of Deceased or Widowed Name of Wife or Husband Samuel Lucitt

Father's Name John Spencer Father's Birthplace Del -

Mother's Maiden Name not known Mother's Birthplace not known

Name of person giving information Mrs R. Foster How related to deceased Granddaughter

CAUSES OF DEATH

166

Primary Old Age

Immediate Pneumonia from a fall about - Oct 1909

Are the name, age, sex, color, date and place correctly given above?

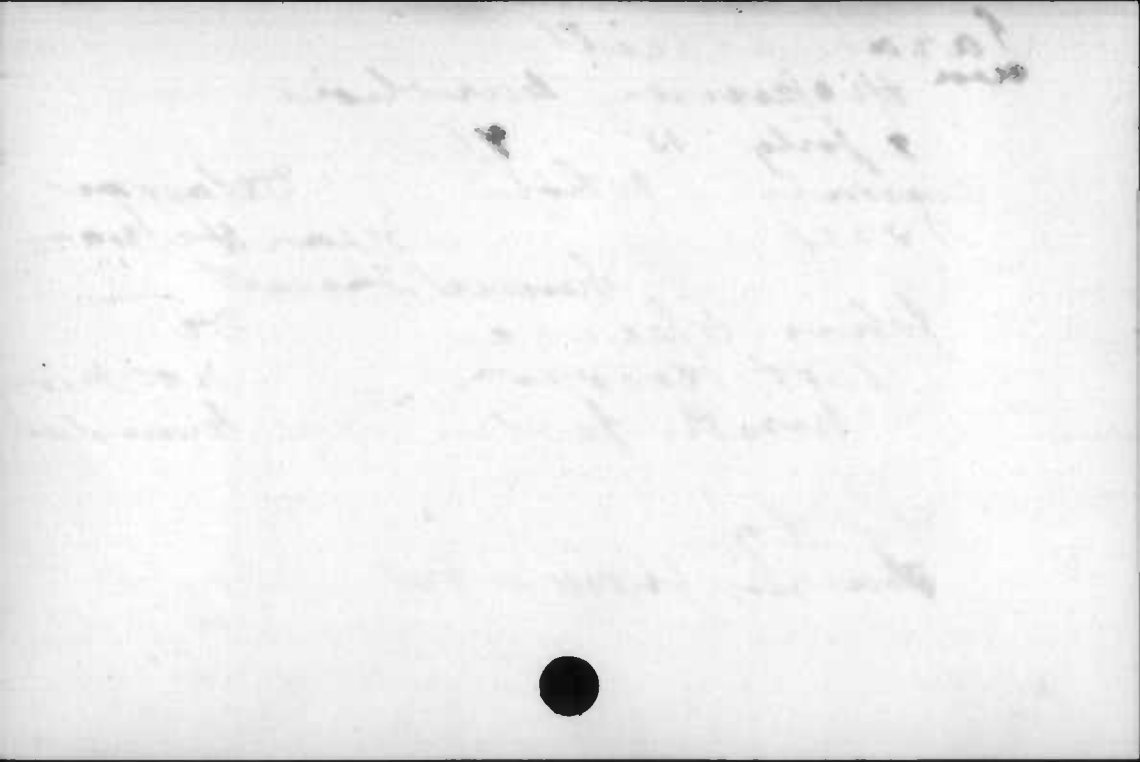
Signature of Physician

Address

Thos. Sanbury
R.D. Denton Md

Accident or

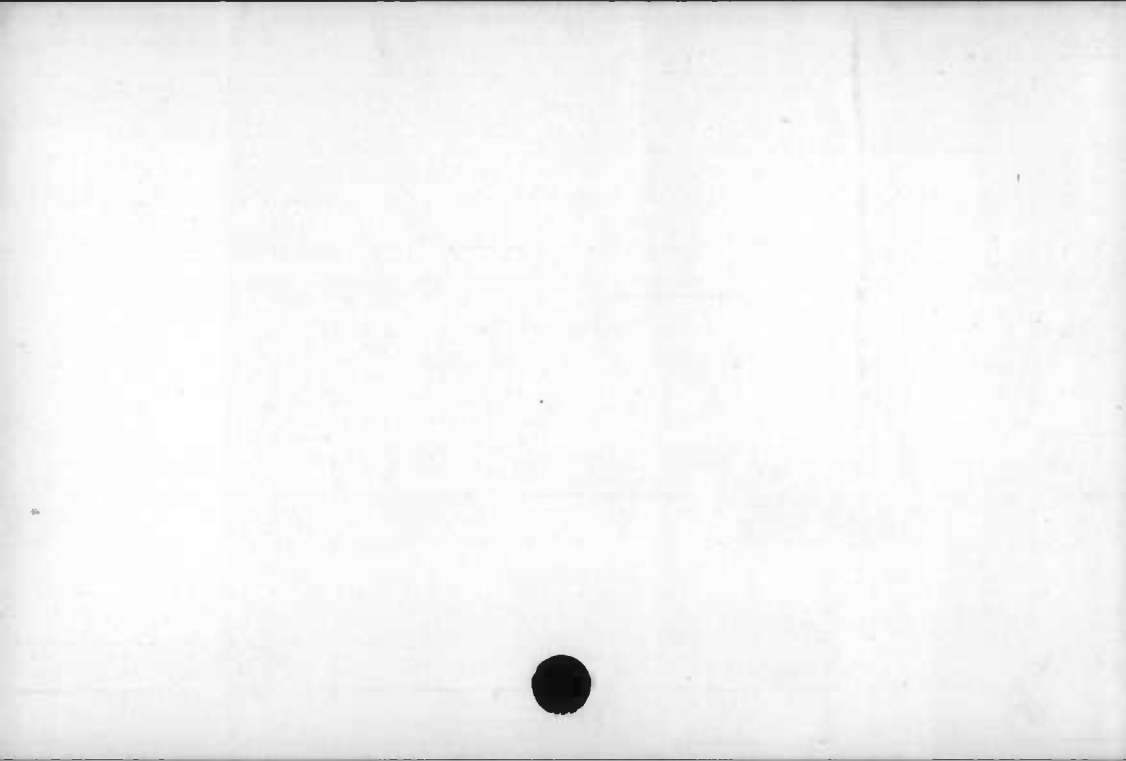
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Ellen Vadick		Town Greensboro		County Caroline	
Died at		MARYLAND			
Date of death		Month July	Day 1	Years 1	Months 11
Sex Female		Color or Race white		Birth-place Caroline Co	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Frank Vadick		Father's Birthplace Ohio			
Mother's Maiden Name Allen		Mother's Birthplace Md			
Name of person giving information Father		How related to deceased Father			
		CAUSES OF DEATH		(105)	
Primary Hleo Colicis		How long 3 weeks			
Immediate "		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. W. Peasbrough			
		Address Greensboro, N.C.			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Monza Vane

Town

Weedboro

County

Caroline

MARYLAND

Date

of death

1909 July

Month

Day

1

Age

Years

45

Months

Days

Sex

Male

Color or
Race

White

Birth
place

Caroline Co.

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Emory Vane

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mahlon Conley

Mother's
Birthplace

Maryland

Name of person giving
Information

A. J. Vane

How related
to deceased

None

CAUSES OF DEATH

Primary

Pneumonia

How long

16 yrs.

Immediate

Exhaustion

How long

30 days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. E. Goldsboro
MdTO BE ANSWERED BY
PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Addline Williams

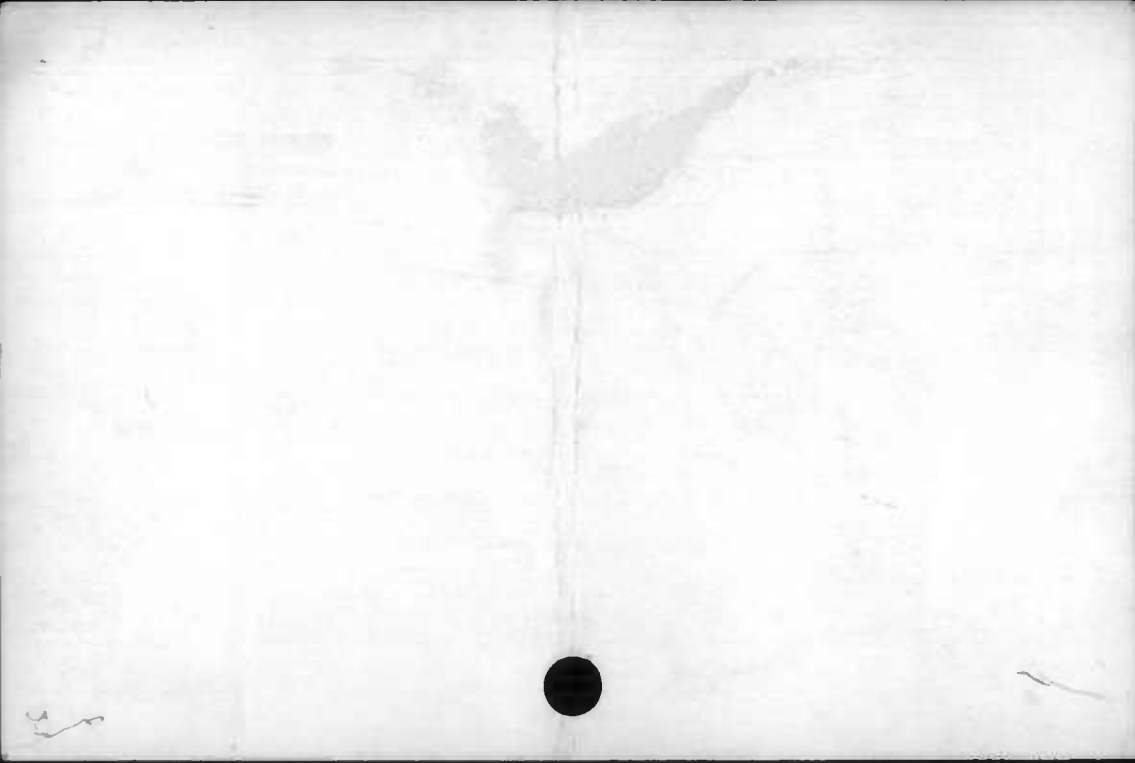
Died at ^{Town} <i>Near Hillsboro</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>7</i>	Day <i>19</i>	Age <i>25</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Frank Mathews</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mollie Williams</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Frank Mathews</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Bright</i>	How long <i>Six weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robley Hackett</i>
	Address <i>Queen Anne Ind</i>
Accident or Suicide <i>no</i>	



Name
in
Full

Mrs Margaret O. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i>		Town		<i>Coramie</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>July</i>	Day	<i>23</i>	Age	<i>70</i>	Years	Months
									Days
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birth-place	<i>Mo</i>
Occupation	<i>Housewife</i>				Where Residing if not at place of death <i>Preston</i>				
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband	<i>Levin P Williams Deceased</i>				
Father's Name	<i>Joe R. Nichols</i>						Father's Birthplace	<i>Mo</i>	
Mother's Maiden Name	<i>Nellie Knight</i>						Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Mrs Geo M. Whitley</i>						How related to deceased	<i>Sister</i>	

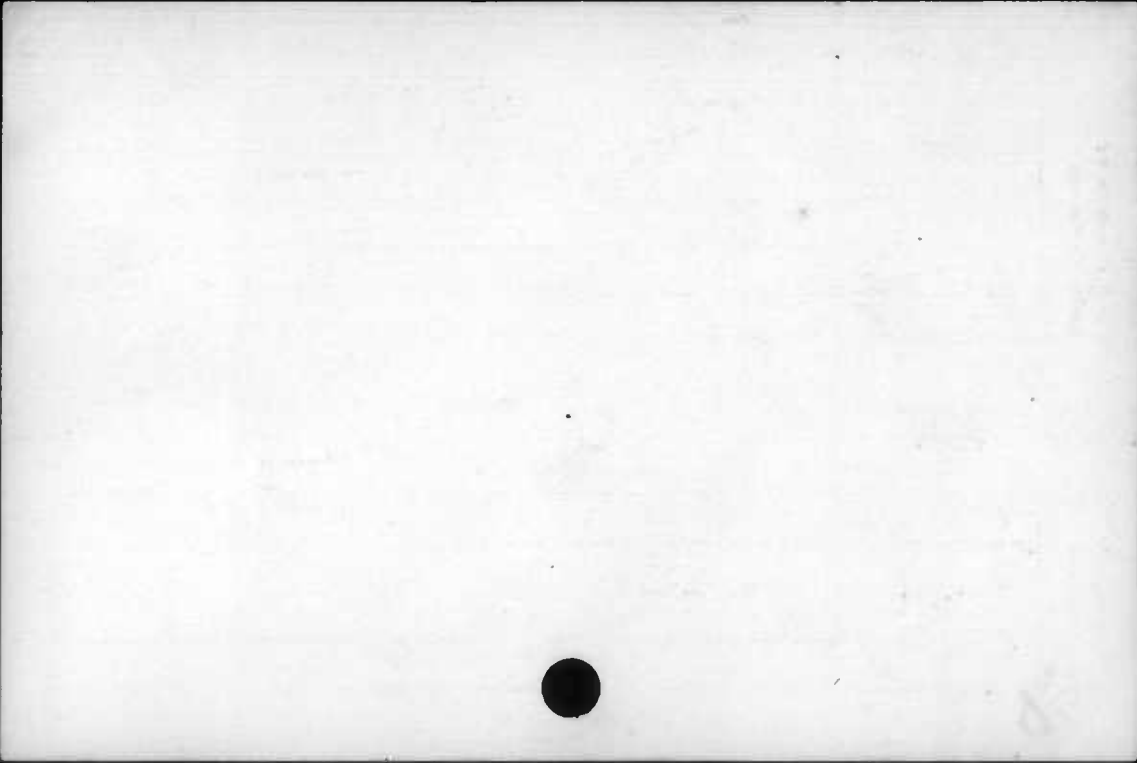
CAUSES OF DEATH

41

X

PHYSICIAN
OR CORONER

Primary	<i>Malignant Stricture Rectum</i>	How long	<i>8 Mos</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Keppel Dowd</i>		
	Address <i>Preston</i>		
Accident or Suicide?			



Name
in
Full

John T Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greensboro ^{Town} Caroline ^{County} MARYLAND

Date of death 1909 7 ^{Month} 15 ^{Day} Age 5-1 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race Black Birth-place Ind

Occupation Farmer Where Residing if not at place of death Near Greensboro

Married, Single or Widowed Married Name of Wife or Husband Zenia Wilson

Father's Name John Wilson Father's Birthplace Ind

Mother's Maiden Name Ezzie Mathis Mother's Birthplace Ind

Name of person giving Information Zenia Wilson How related to deceased Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 6 months

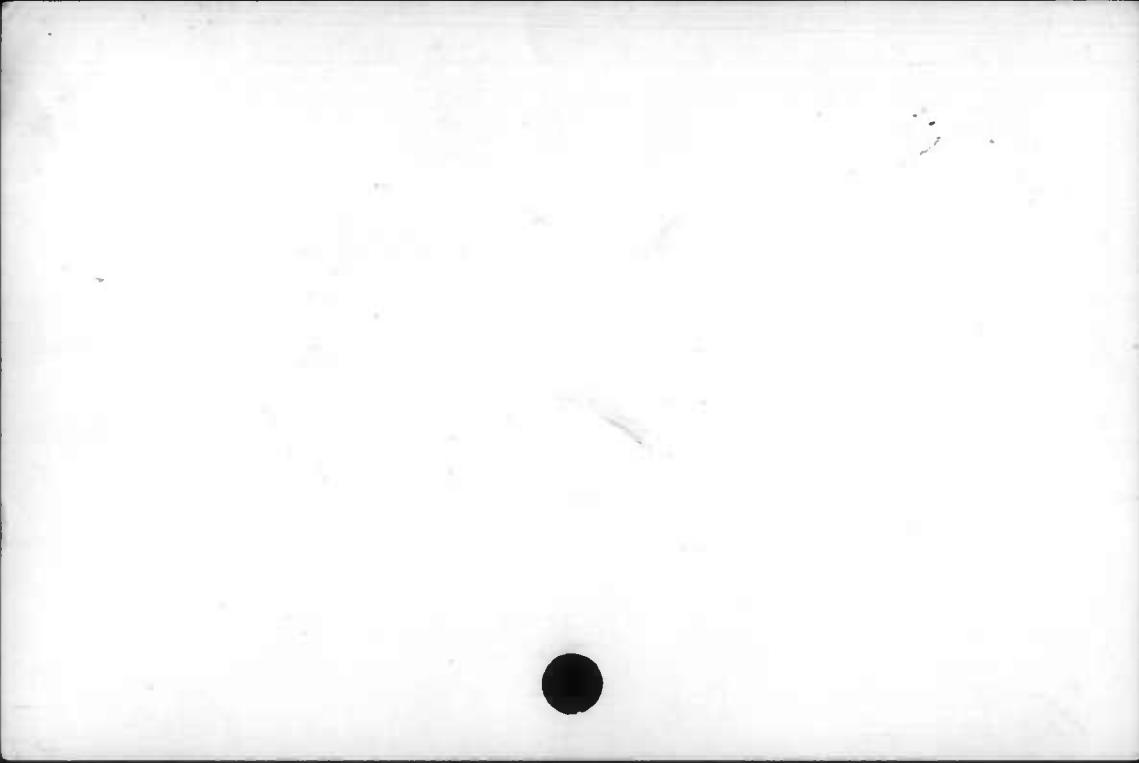
Immediate Tuberculosis How long —

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician W. J. Faldsborough

Address Greensboro, Md.

Accident or Suicidal ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Not named Wilson</i>		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>6</i>		Age <i>Full term</i>	
Date of death <i>1909</i>		Color or Race <i>colored</i>		Birth-place <i>Denton</i>		Months <i></i> Days <i></i>	
Sex <i>Boy</i>		Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Harry Wilson</i>		Father's Birthplace <i>Denton</i>					
Mother's Maiden Name <i>Ethel Taylor</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lida Taylor</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>as above (7 months)</i>	How long	<i>1</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>G. W. Simmons.</i>	
		Address <i>Denton.</i>	
Accident or Suicide? <i></i>		<i>Ind.</i>	

